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FEC FORM 2 STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

15 OCT 19 AM 2: 02

					THE SOLL OF WILL THE
(a) Name of Candidate (in full) Kally 2 A section					
Kelly A. Ayotte (b) Address (number and street) PO Box 937	☐ Check if address changed				C Identification Number
(c) City, State, and ZIP Code			<u> </u>	S0NH00235	
Manchester		NH 03	105-0937	3. Is This Statement	New Amended (N) OR X (A)
4. Party Affiliation	5. Office Sought			istrict of Candidate	<u>, (14) ON [1] (A)</u>
REPUBLICAN PARTY	Senate		NH	00	
DI	ESIGNATION OF	PRINCIPA	L CAMPAIC	ON COMMITTEE	
7. I hereby designate the following na	med political committe	e as my Principa	ıl Campaign Cor	mmittee for the201	6 election(s).
NOTE: This designation should be	filed with the appropria	ite office listed in	the instructions		f election)
(a) Name of Committee (in full)					
Friends of Kelly Ayo	otte Inc.				
(b) Address (number and street) PO Box 937					
(c) City, State, and ZIP Code					
Manchester			NH	03105-0937	
 I hereby authorize the following nar candidacy. NOTE: This designation should be 				,	, , , , , , , , , , , , , , , , , , ,
(a) Name of Committee (in full)					
Winning Women 20	16				
(b) Address (number and street) 228 S Washington Street			·		
Suite 115					
(c) City, State, and ZIP Code					
Alexandria			VA	22314-5404	
I certify that I have exa	mined this Statement a	and to the best o	f my knowledge	and belief it is true, con	rect and complete.
Signature of Candidate	 ·			Date	<u> </u>
Shoot 1	1 1	4		10/19/2015	
- HUMAN	. augo				
OTE: Submission of false / arroneous	or incomplete informa	tion may subject	the person sign	ing this Statement to pe	enalties of 2 U.S.C. §437g.
<u> </u>				<u> </u>	FEC FORM 2 (REV. 02/200

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

			Page 2 /	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)				
I hereby authorize the following named committee, which is NOT my principal candidacy.	ncipal campaign committee, to rece	ive and expend funds or	n behalf of my	
NOTE: This designation should be filed with the principal can	npaign committee.			
(a) Name of Committee (in full) 2015 Senators Classic Committee				
(b) Address (number and street) 228 S Washington Street Suite 115				
(c) City, State and ZIP Code				
Alexandria	VA	22314-5404		
DESIGNATION OF OTH	IER AUTHORIZED CON		[ADDITIONAL]	
I hereby authorize the following named committee, which is NOT my princandidacy.	cipal campaign committee, to rece	ve and expend funds on	behalf of my	
NOTE:This designation should be filed with the principal cam	paign committee.			
(a) Name of Committee (in full)				
Retain The Senate 2016				
(b) Address (number and street) 901 N Washington Street				
901 N Washington Street Suite 700				
901 N Washington Street Suite 700 (c) City, State and ZIP Code				
901 N Washington Street Suite 700	VA	22314-1535		
901 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria DESIGNATION OF OTH		MITTEES	[ADDITIONAL]	
901 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria DESIGNATION OF OTH	ER AUTHORIZED COM t Fundraising Representatives	MITTEES	•	
901 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria DESIGNATION OF OTH (Including Join I hereby authorize the following named committee, which is NOT my prince	ER AUTHORIZED COM t Fundraising Representatives cipal campaign committee, to receiv	MITTEES	•	
901 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria DESIGNATION OF OTHI (Including Join I hereby authorize the following named committee, which is NOT my princ candidacy.	ER AUTHORIZED COM t Fundraising Representatives cipal campaign committee, to receiv	MITTEES	•	
901 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria DESIGNATION OF OTHI (Including Join I hereby authorize the following named committee, which is NOT my prince candidacy. NOTE:This designation should be filed with the principal camp (a) Name of Committee (in full)	ER AUTHORIZED COM t Fundraising Representatives cipal campaign committee, to receiv	MITTEES	•	
901 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria DESIGNATION OF OTH (Including Join I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE:This designation should be filed with the principal camp (a) Name of Committee (in full) Ayotte-Portman-Thune Committee (b) Address (number and street)	ER AUTHORIZED COM t Fundraising Representatives cipal campaign committee, to receiv	MITTEES	•	
901 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria DESIGNATION OF OTH (Including Join I hereby authorize the following named committee, which is NOT my prince candidacy. NOTE:This designation should be filed with the principal camp (a) Name of Committee (in full) Ayotte-Portman-Thune Committee (b) Address (number and street) 228 S Washington Street	ER AUTHORIZED COM t Fundraising Representatives cipal campaign committee, to receiv	MITTEES	•	
901 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria DESIGNATION OF OTH (Including Join I hereby authorize the following named committee, which is NOT my prince candidacy. NOTE:This designation should be filed with the principal camp (a) Name of Committee (in full) Ayotte-Portman-Thune Committee (b) Address (number and street) 228 S Washington Street Suite 115	ER AUTHORIZED COM t Fundraising Representatives cipal campaign committee, to receiv	MITTEES	•	
901 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria DESIGNATION OF OTH (Including Join I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE:This designation should be filed with the principal camp (a) Name of Committee (in full) Ayotte-Portman-Thune Committee (b) Address (number and street) 228 S Washington Street	ER AUTHORIZED COM t Fundraising Representatives; cipal campaign committee, to receive	MITTEES	•	

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

DESIGNATION OF OTHER AUTHO			
(Including Joint Fundraising			[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign candidacy.	committee, to	receive and expend funds on bel	nalf of my
NOTE: This designation should be filed with the principal campaign commit	tee.		
(a) Name of Committee (in full)		<u> </u>	
Ayotte Blunt Moran Wolf Victory Fund			
(b) Address (number and street) 228 S Washington Street Suite 115	-	· · · · · · · · · · · · · · · · · · ·	
(c) City, State and ZIP Code		-	
Alexandria	VA	22314-5404	
DESIGNATION OF OTHER AUTHO (Including Joint Fundraising		= = = = = = = = = = = = = = = = = = =	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign candidacy.	committee, to	receive and expend funds on bef	alf of my
NOTE: This designation should be filed with the principal campaign committee.	tee.		
(a) Name of Committee (in full)			
Ayotte Victory Committee			
(b) Address (number and street) 228 S Washington Street Suite 115			
(c) City, State and ZIP Code			
Alexandria	VA	22314-5404	
DESIGNATION OF OTHER AUTHO (Including Joint Fundraising			[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign of candidacy.	committee, to	receive and expend funds on beh	alf of my
NOTE: This designation should be filed with the principal campaign committee	ee.		
(a) Name of Committee (in full)		<u> </u>	
Kelly Victory Fund			
(b) Address (number and street) 901 N Washington Street Suite 700			
(c) City, State and ZIP Code			
Alexandria	VA	22314-1535	

Hand Delivered

I .NA K, MACCALLUM
UPERINTENDENT
HART JENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-711.
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United States Senate

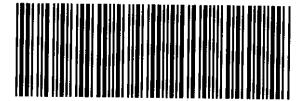
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